

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		2				
4		3				
5		1				
6		3				
7		2				
8		3				
9		3				
10		3				
11		3				
12		1				
13		2				
14		2				
15		2				
16		2				
17		2				
18		1				
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47		1				
48		1				
49		1				
50		1				
TOTAL IND.			2			
TOTAL DEP.		18		18		
TOTAL CLAIMS		58				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.				18		
TOTAL DEP.		18				
TOTAL CLAIMS		58				